

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43301

| | | | | | | | |
|--|----------------------------------|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 331 | | PRIMARY REG. DIST. NO. 6111 | | Registrar's No. 2929 | |
| 1. PLACE OF DEATH a. COUNTY SCOTT | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) COMMERCE TWP | | c. LENGTH OF STAY (In this place) 1 | | c. CITY (If outside corporate limits, write RURAL and give township) Apfton | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Billings Island, Miss. River | | | | d. STREET ADDRESS (If rural, give location) Rt. 14 Box 405 Apfton | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Frank | | b. (Middle) ----- | | c. (Last) Kempf | | 4. DATE OF DEATH (Month) (Day) (Year) DEC 6 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH March 12, 1897 | | 9. AGE (In years last birthday) 53 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HRS.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner | | 10b. KIND OF BUSINESS OR INDUSTRY Tavern | | 11. BIRTHPLACE (State or foreign country) Fenton, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME Andrew Kempf | | 13b. MOTHER'S MAIDEN NAME Sophie Bauer | | 14. NAME OF HUSBAND OR WIFE Lillian | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes WW-1 | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillian Kempf Rt. 14 Apfton, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation from Charcoal Bucket Antecedent Causes: Bleeding in Pitt for Heat with out Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Air Vent DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 58928 46 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Billings Island | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Scott Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Loosey Hunting | | | |
| 22. I hereby certify that I attended the deceased from First last after 12/6/50 when I last saw the deceased alive on 12/6/50 , 19 50 , and that death occurred at 12/6/50 from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Lloyd P. Coroner (Degree or title) | | | | 23b. ADDRESS Likeston Mo | | 23c. DATE SIGNED 12/15/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 11, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Old St. Johns Cemetery | | 24d. LOCATION (City, town, or county) (State) Mehlville, Mo. | |
| DATE REC'D BY LOCAL REG. Dec 20-50 | | REGISTRAR'S SIGNATURE Mrs. Addie Harris | | FUNERAL DIRECTOR'S SIGNATURE Taylor Leland Hare | | ADDRESS St. Louis, Mo | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 22 1950

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1250-1

DEC 22 1950

SEP 27 1951

DEC 21 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4695

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.